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Thomas H. Majcher, Reg. No. 31,119

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No.	:	10/662,697	Confirmation No. 9777
Applicant	:	William J. Boyle, et al.	
Filed	:	September 15, 2003	
Art Unit	:	3731	
Examiner	:	Webb, Sarah K.	
Title	:	DEPLOYMENT AND RECOVERY CONTROL SYSTEMS FOR EMBOLIC PROTECTION DEVICES	
Docket No.:	:	ACS 65470 (2309D)	Los Angeles, California
Customer No.	:	24201	December 20, 2004

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT

Dear Sir:

This Amendment is responsive to the Office Action of September 24, 2004, the response for which is due December 27, 2004.

Claims start on page 2.

Remarks start on page 8.

12/29/2004 MB/EYENE1 00000043 10662697

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PATENT APPLICATION FEE DETERMINATION RECORD  
Effective January 1, 2003

Application or Docket Number

10/662697  
ACS 54712309A

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	<i>28</i>	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	<i>28</i> minus 20=	* <i>8</i>
INDEPENDENT CLAIMS	<i>3</i> minus 3 =	* <i>-</i>
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	375.00	OR BASIC FEE	750.00
X\$ 9=		OR X\$18=	<i>144</i>
X42=		OR X84=	-
+140=		OR +280=	-
TOTAL		OR TOTAL	<i>894</i>

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* <i>33</i>	Minus	** <i>28</i>
Independent	* <i>3</i>	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	<i>250</i>
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	<i>250</i>

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* <i></i>	Minus	** <i></i>
Independent	* <i></i>	Minus	*** <i></i>	= <i></i>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* <i></i>	Minus	** <i></i>
Independent	* <i></i>	Minus	*** <i></i>	= <i></i>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.